

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000088483

Entity Name: ADJUSTER 1 STOP LLC

FILED
Mar 26, 2012
Secretary of State

Current Principal Place of Business:

269 IVY LAKES DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

269 IVY LAKES DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 45-3009608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LARSON, RICHARD J
Address: 269 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: LARSON, BERNADETTE
Address: 269 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: LARSON, KATRINA
Address: 269 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: MARZOUK, ZAC
Address: 6535 GRAY BIRCH LANE
City-St-Zip: DICKINSON, TX 77539

Title: MGRM
Name: LARSON, RICHARD H
Address: 269 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: LARSON, MICHAEL
Address: 269 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATRINA LARSON

MGRM

03/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date